Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 15, 2016

Mr. Martin Kemple, Manager
Roadhouse
5 Giudici Street
Barre, VT 05641-3410

Dear Mr. Kemple:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 19, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PRINTED: 02/12/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0615	A. BUILDING: _____ B. WING _____	01/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROADHOUSE	5 GIUDICI STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100 SS=A	Initial Comments: An unannounced on-site re-licensing survey was conducted on 01/19/16 by the Division of Licensing and Protection. The following are Residential Care Home (RCH) regulatory findings.	R100		
R165 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the home failed to insure that unlicensed staff are properly administering medications to 3 of 3 residents reviewed. (Resident #1, #2 & #3.) Findings include:	R165		

M.A. 2/26/16

PRINTED: 02/12/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0615	A. BUILDING: _____ B. WING _____	01/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROADHOUSE	5 GIUDICI STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 1 1. During record review on 01/19/16 for three residents, the Nurse failed to monitor and evaluate designated staff's performances in carrying out the nurse's instructions for proper medication administration, as follows: a) Resident #1 has a physician order for Clonazepam 0.5 mg, an anti-anxiety as needed (PRN). The nurse's care plan directed staff to give the psychoactive medication for yelling, pacing, slamming objects or aggressive behaviors. Furthermore, staff are to attempt re-direction first, and not to be given within one hour of scheduled regular medications. Per review of the MAR (medication administration record) Clonazepam 0.5 mg was given to the resident on 01/06/16 at 9:30 PM. The second shift (evening) staff progress note states "resident went to bed at 8 and was up at 9:30 asking for a smoke and water which declined by staff, a few minutes later [resident) asked for a PRN [s/he) went to bed but came back down around 11 PM...". During interview at 11:48 A.M. the nurse stated that " that this could be a possible med error as the medication was not given as directed". b) Resident #2 has a physician order for Seroquel 100 mg, an antipsychotioc as needed for aggressive behaviors. The staff are directed to give 2 to 6 tabs every 2 hours , with a maximum dose of 600 mg in 24 hours and to notify the nurse if the Seroquel is ineffective. Per review of the MAR the resident received a dose on 01/05/16 at 8:45 PM and on 01/07/16 at 9:30 PM. The staff progress notes states "snack and off to bed" and "all is quite", respectively. The House Manager at 12:30 PM stated "there are no notes that would why they gave it". c) Resident #3 has a physician order for Lorazepam 0.5 mg PRN at night for sleep. The	R165	**5.10 Medication Management** Each resident's PRN sheet was reviewed and updated. Behavior plans corresponding to the administration of the PRN order are now in place. RN will audit staff log notes monthly to determine that PRN medication is being administered according to the established PRN order and corresponding plan. The medication errors have been addressed with staff as per protocol, Psychoactive PRN orders and accompanying behavior plans were presented and reviewed with staff on 2/15/16 during the Road House staff meeting. Documentation expectations and procedures were discussed with staff including modeling of appropriate log notes associated with the administration of as-needed medication. POC R-165 accepted 3/15/16 Sara L Emmons RN	2/15/16

MD 2/26/16
Therapeutic Res. D.F.

PRINTED: 02/12/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0615	A. BUILDING: _____ B. WING _____	01/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROADHOUSE	5 GIUDICI STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 2 care plan further directs staff that the resident may request the medication for inability to fall asleep on [his/her] own. Staff will offer only if agitated and forgetting to request the medication which is available between 9 PM - 10 PM.. Per review of the MAR, the medication was given on 09/08/15 & 10/17/15 prior to the above stated criteria. The nurse at 1:02 PM stated "oh clearly here is another example where staff are not following the criteria [for medication administration]". The nurse confirmed the above findings at this time and further stated that audits of the charts 'will be happening to make sure the meds are given as directed".	R165	**5.11 Staff Services** A Road House manual has been created consisting of training materials in each of the seven core areas. Mandatory staff trainings for current staff in each of the core areas are now being undertaken at every monthly staff meeting, one per meeting from here forward. All seven trainings will therefore be completed for current staff after seven staff meetings, by August 2016. All new staff will be required to read the Road House Training Manual before they begin working at the house. The agency-wide orientation for new employees also includes a medical component which addresses infection control measures. In addition, mandatory training in NAPPI (Non-Abusive Physical and Psychological Intervention) is required before beginning work at the agency. This is a 15-hour training and covers General Supervision and Care of Residents. *(continued on following page)*	2/15/16
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not	R179		

C 2/26/16

5.11 Staff Services *(continued)*

Ongoing training in all of the core areas will be undertaken by all new staff, together with the current staff, as part of the monthly staff meetings.

The NAPPI training and all other trainings are being documented in a newly created table listing the names of staff, their hire dates, the trainings, and the date the trainings have been completed. This table is located in the Staff Training Manual in the Road House office, along with the training materials for each core area. This manual will be checked four times annually by the Road House Coordinator to ensure it is up to date. It will be checked annually by the Therapeutic Residence Director of the agency's Community Support Program.

All of these measures have been put into place as of February 15, 2016.

POC R-179 accepted
3/15/16
Susan D. Erwin

2/26/16

WCMHS

Washington County Mental Health Services, Inc.

Where Hope and Support Come Together

Community Support Program
9 Heaton St., Montpelier, VT 05601
Phone: 802-223-6328
Fax: 802-229-8004
www.wcmhs.org

FAX

To: Denise From: Chris Andrews

Fax: (802) 241-0343 Date: 2/26/16

Phone: Pages:

Re: Road House Survey CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Denise,

Attached is the plan of corrections for Road House. I have signed as Mr Kemple is out of town until later next week. I am Mr Kemple's supervisor at WCMHS.

FEB 25 2016

Washington County Mental Health Services, Inc.

Telephone (802) 229-1399
Fax (802) 223-6423

Mailing Address:
PO Box 647
Mantpelier, VT 05601-0647

Main Office Location:
885 South Barre Road
Barre, Vermant

February 23, 2016

Pamela M. Cota
Department of Disabilities, Aging, and Independent Living
HC 2 South
280 State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota,

Attached is our Plan of Correction in response to the Survey Report of our facility on January 19, 2016. We found the visit from Sue Emmons to be most helpful. We have already put into the place the changes necessary to address the deficiencies outlined in the Report.

Please let me know if you have any questions at all.

Sincerely,

Martin Kemple, M.A.
Coordinator, Road House
5 Giudici St.
Barre, Vermont 05641